

**Montana Medicaid - Fee Schedule
Home and Community Based Services
Elderly and Physically Disabled Waiver
January 1, 2008**

Definitions:

Description – Procedure code Montana description. Case management teams will indicate which procedure code to use in order to assure correct coding.

Modifier - All Home and Community Based Services procedure codes must be followed by a UA modifier.

Other modifiers to follow after UA modifier:

TE = nurse supervision/oversight

TS = follow-up service (May be used with procedure codes S0215, S5130, T1005, T1019, T2013, T2001, S5120, S5125, S5135, S5150.)

U9 = consumer is enrolled in the Big Sky Bonanza program.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Schedule: Medicaid fee for listed codes.

Rates listed are maximum paid. All rates may be negotiated by case management teams who authorize services.

Providers must bill Medicaid the negotiated rate agreed upon with the case management team or with the Department.

Homemaker, Respite, Habilitation Aide and Personal Assistance rates are based on negotiations with the Department through the FY2008 Direct Care Worker Wage Initiative process. Providers must submit semi-annual reports to the Department to remain eligible for this funding. Providers agree to bill at the rate outlined in their billing certification letter for FY08. Providers understand that periodic audits will take place and a recovery will occur if they bill above their rate.

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Mod	Description	Effective	Unit	Method	Fee	PA	Wage Initiative
S5100	UA	Adult Day Care	7/1/2007	15 min	Fee Sched	1.99	Y	
T2031	UA	Adult Residential - Assisted Living	8/1/2007	day	Fee Sched	63.35	Y	
T2031	UA	Adult Residential - Residential Hospice	6/1/2004	day	Fee Sched	80.00	Y	
T2025	UA	Behavioral Programming	1/1/2004	hour	Fee Sched	22.00	Y	
T2022	UA	Case Management (Based on \$8.65 per day)	7/1/2007	month	Fee Sched	268.15		
T1016	UA	Case Management - Hourly	7/1/2007	15 min	Fee Sched	14.09		
H0005	UA	Chemical Dependency Counseling - Group	10/1/2003	visit	Fee Sched	9.00	Y	
H0004	UA	Chemical Dependency Counseling - Individual	10/1/2003	15 min	Fee Sched	11.25	Y	
T2025	UA	Cognitive Rehabilitation	1/1/2004	hour	Fee Sched	100.00	Y	
T2025	UA	Community Residential Rehabilitation	5/15/2004	day	Fee Sched	660.00	Y	
T2025	UA	Comprehensive Day Treatment	5/15/2004	hour	Fee Sched	88.00	Y	
T2025	UA	Consumer/Family Intensive Support Service	12/1/2006	hour	Fee Sched	70.00	Y	
T2020	UA	Day Habilitation	10/1/2003	day	Fee Sched	74.20	Y	
S5165	UA	Environmental Accessibility Adaptations - Home Modification	10/1/2003	service	Fee Sched	4000.00	Y	
T2039	UA	Environmental Accessibility Adaptations Vehicle Modification	10/1/2003	service	Fee Sched	4000.00	Y	
T1027	UA	Family Training & Counseling for Child Development	7/1/2007	15 min	Fee Sched	7.67	Y	
T2013	UA	Habilitation Aide	1/1/2008	hour	Fee Sched	17.64	Y	Y
S5130	UA	Homemaker	1/1/2008	15 min	Fee Sched	3.99	Y	Y
S5131	UA	Homemaker Chores	10/1/2003	diem	Fee Sched	250.00	Y	
S5170	UA	Nutrition (Meals)	7/1/2007	meal	Fee Sched	5.13	Y	
S9452	UA	Nutrition Classes, Nutritionist	10/1/2003	session	Fee Sched	25.00	Y	
S9470	UA	Nutritional Counseling, Dietician	10/1/2003	visit	Fee Sched	25.00	Y	
97003	UA	Occupational Therapy - Evaluation	1/1/2004	visit	Fee Sched	54.38	Y	
97150	UA	Occupational Therapy - Group	1/1/2004	visit	Fee Sched	12.77	Y	
97530	UA	Occupational Therapy - Individual	1/1/2004	15 min	Fee Sched	19.75	Y	
T1019	UA	Personal Assistance Attendant - Agency-Based	1/1/2008	15 min	Fee Sched	4.83	Y	Y
T1019	UA TE	Personal Assistance Nurse Supervision - Agency-Based	1/1/2008	15 min	Fee Sched	4.83	Y	Y
T1019	UA	Personal Assistance Attendant -Self-Directed	1/1/2008	15 min	Fee Sched	4.07	Y	Y
T1019	UA TE	Personal Assistance Oversight - Self-Directed	1/1/2008	15 min	Fee Sched	4.07	Y	Y
T1020	UA	Personal Assistance Attendant - Per Diem	7/1/2007	diem	Fee Sched	9.50	Y	
S5160	UA	Personal Emergency Response System - Installation and Testing	10/1/2003	item	Fee Sched	100.00	Y	
S5162	UA	Personal Emergency Response System - Purchase	10/1/2003	item	Fee Sched	800.00	Y	
S5161	UA	Personal Emergency Response - Rental	10/1/2003	month	Fee Sched	69.00	Y	
97001	UA	Physical Therapy - Evaluation	1/1/2004	visit	Fee Sched	51.21	Y	
97150	UA	Physical Therapy - Group	1/1/2004	visit	Fee Sched	12.77	Y	
97530	UA	Physical Therapy - Individual	1/1/2004	15 min	Fee Sched	19.75	Y	
T2015	UA	Prevocational Services	7/1/2005	hour	Fee Sched	7.06	Y	

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T1003	UA	Private Duty Nursing - LPN	7/1/2007	15 min	Fee Sched	6.76	Y	
T1002	UA	Private Duty Nursing - RN	7/1/2007	15 min	Fee Sched	8.01	Y	
H2017	UA	Psychosocial Consultation	1/1/2007	15 min	Fee Sched	12.92	Y	
T1001	UA	Registered Nurse Supervision	10/1/2003	15 min	Fee Sched	11.25	Y	
T2016	UA	Residential Habilitation	7/1/2007	diem	Fee Sched	141.56	Y	
99503	UA	Respiratory Therapy	1/1/2004	visit	Fee Sched	25.00	Y	
T1005	UA	Respite Care	1/1/2008	15 min	Fee Sched	3.99	Y	Y
H0045	UA	Respite Care - Assisted Living	10/1/2003	diem	Fee Sched	117.00	Y	
H0045	UA	Respite Care - Hospital	10/1/2003	diem	Fee Sched	360.00	Y	
H0045	UA	Respite Care - Nursing Facility	7/1/2007	diem	Fee Sched	Medicaid rate	Y	
T2027	UA	Special Child Care for Children	7/1/2007	15 min	Fee Sched	5.13	Y	
T2029	UA	Specialized Medical Equipment	10/1/2003	item	Fee Sched	2000.00	Y	
T2028	UA	Specialized Medical Supplies	10/1/2003	item	Fee Sched	2000.00	Y	
S5125	UA	Specially Trained Attendants	7/1/2007	15 min	Fee Sched	5.13	Y	
92506	UA	Speech Therapy - Evaluation	1/1/2004	visit	Fee Sched	63.81	Y	
92508	UA	Speech Therapy - Group	1/1/2004	visit	Fee Sched	42.76	Y	
92507	UA	Speech Therapy - Individual	1/1/2004	visit	Fee Sched	52.61	Y	
T2019	UA	Supported Employment	7/1/2005	15 min	Fee Sched	10.75	Y	
T2033	UA	Supported Living	1/1/2008	diem	Fee Sched	260.00	Y	
S0215	UA	Transportation - Miles	10/1/2006	mile	Fee Sched	0.22	Y	
T2003	UA	Transportation - Trip	10/1/2003	trip	Fee Sched	12.16	Y	

Services listed below are billed only by Financial Managers and Independent Advisors approved by the Senior & Long Term Care Division and for consumers who are enrolled in the Big Sky Bonanza pilot program.

Proc	Mod	Description	Effective	Unit	Method	Fee	PA
S5120	UA U9	Chore	7/1/2007	15 min	Fee Sched	4.61	
S5121	UA U9	Chore services	7/1/2006	diem	Fee Sched	250.00	
T2024	UA U9	Financial Manager	7/1/2006	month	Fee Sched	125.00	
S9986	UA U9	Goods and Services (other than supplies)	7/1/2006	service	Fee Sched	500.00	
T5999	UA U9	Goods and Services (supplies)	7/1/2006	item	Fee Sched	500.00	
T2024	UA U9	Independence Advisor	7/1/2006	month	Fee Sched	150.00	
S5125	UA U9	Personal Assistance Service	7/1/2007	15 min	Fee Sched	5.13	
T1000	UA U9	Private Duty Nursing	7/1/2007	15 min	Fee Sched	8.01	
S5150	UA U9	Respite Care	7/1/2007	15 min	Fee Sched	4.61	
S5115	UA U9	Registered Nurse Supervision	1/1/2008	15 min	Fee Sched	11.25	
S5135	UA U9	Socialization/Supervision	7/1/2007	15 min	Fee Sched	5.13	
T2001	UA U9	Transportation - Miles	1/1/2008	mile	Fee Sched	0.51	